

ARIZONA STATE BOARD OF HEALTH

State File No. 197Registered No. 203

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHCounty GilaState ArizonaTownship Sumner HeightsCity GlobeCity Sumner Heights Ward Resident

2. Full name of child

If child is not yet named, make supplemental report, as directed

3. Sex

If plural births

4. Twin, triplet, or other

6. Period of gestation

7. Gestation

8. Date of birth

Month, day, year

all { 5. Number, in order of birth. Full term. Yes Date Nov 10 1924

3. Full name

FATHER

18. Full maiden name

MOTHER

Name Juan FloresName Anita Gujaalva

4. Residence (usual place of abode)

10. Residence (usual place of abode)

(If nonresident, give address)

(If nonresident, give address)

1. Color or race

12. Age at last birthday

(Years)

Color or race

21. Age at last birthday

(Years)

3. Birthplace (city or place)

(State or country)

2. Birthplace (city or place)

(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

16. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

18. Date (month and year) engaged in this work

17. Total time (years) spent in this work

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as in home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

Number of children of this mother at time of this birth and including this child

(a) Born alive and now living 6(b) Born alive but now dead 2(c) Stillborn 1

If stillborn, period of gestation

months (or weeks) 8 1/2

29. Cause of stillbirth

Before labor Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born or stillborn at 29 m. on the date above stated

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Name added from 062-1110-121

(Date of)

(Signed)

Name Melvin O. Bray Midwife

or

Address Phoenix, ArizonaFiled 12/17, 1924 S. E. Way Registrar

Registrar